



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ANTHONY TRAN MD
3300 MATLOCK ROAD
ARLINGTON TX 76015

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-13-1420-01

MFDR Date Received

FEBRUARY 4, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These claims were all timely filed. They were corrected and I have appealed them several times."

Amount in Dispute: \$525.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor has failed to submit medical records to substantiate the services rendered for the aforementioned dates of service. The medical records filed for date of service 1/30/2012 is not legible to support that treatment is for the reported compensable injury. Further review also shows that the requestor also submitted 'corrected claims' which were all reviewed as 'new' bills and were not considered 'sent' to the carrier timely."

Response Submitted by: State Office of Risk Management, PO Box 13777, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 30, 2012 February 13, 2012 February 28, 2012	CPT Code 99214	\$525.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.

5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 18 – Duplicate claim/service
 - 29 – The time limit for filing has expired.
 - 17 – Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.
 - Original review #2095675 which listed 789.3 as the 2nd diagnosis in error on the EOR. The correct 2nd DX is 709.2 and this is an exact duplicate of that CMS 1500.
 - 16 – Claim/service lacks information which is needed for adjudication. Remark codes whenever appropriate.
 - B22 – This payment is adjusted based on the Diagnosis. The comp injured limited to lower lip laceration only.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Did the requestor submit documentation to support the services billed.
4. Is the requestor entitled to reimbursement for those services not denied for timely filing?

Findings

1. Date of service January 30, 2012 was the only date of service in dispute that was denied by the carrier using denial code 29 – “The time limit for filing has expired. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied...” Review of the documentation submitted by the requestor finds no convincing documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.
3. Date of service February 13, 2012, CPT Code 99214, was denied by the carrier using denial code 16 – “Claim/service lacks information which is needed for adjudication. Remark codes whenever appropriate.” The respondent in their position summary states they “Audited and denied for 29 – time limit for filing has expired” for this date of service; however, review of the documentation submitted by both parties finds no EOB was submitted to support this denial. In accordance with 28 Texas Administrative Code §133.307(c)(2)(C), the provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include: a copy of all applicable medical records specific to the dates of service in dispute. Review of the documentation submitted by the requestor finds that the health care provider did not submit medical records as required, for that reason the requestor is not entitled to reimbursement for the service in dispute.

Date of service February 28, 2012, CPT Code 99214, was denied by the carrier using B22 – “This payment is adjusted based on the diagnosis. The comp injury limited to lower lip laceration only” and 16 – Claim/service

lacks information which is needed for adjudication. Remark codes whenever appropriate.” The respondent did not submit documentation to support that the requestor used an incorrect diagnosis code; therefore, the denial code of B22 is not supported. The respondent also denied the service stating “Claim/service lack information which is needed for adjudication. Remark codes whenever appropriate.” 28 Texas Administrative Code §133.307(c)(2)(C), the provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include: a copy of all applicable medical records specific to the dates of service in dispute.

4. Review of the documentation submitted by the requestor finds that the health care provider did not submit medical records as required, for that reason the requestor is not entitled to reimbursement for the service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	October 4, 2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.